

**Casual/Benefits Eligibility Level Indicator (BELI6)
Benefits Enrollment Form***The Science of Living Well*

Return to LANL Benefits Office:
TA-3 Otowi Bldg. 261
2nd Floor, MS P280 Fax: 505-665-2156

Section I: Employee Information

Name	Z Number	Date of Hire
Note: Insurance cards will be mailed to the address on file. If your address has changed please email rr-desk@lanl.gov		

Section II: Health and Welfare Benefit Elections

Please make your selections:

Plan

- ☐ Medical - HDHP
☐ Waive Coverage

Level of Coverage

- ☐ Employee Only
☐ Employee and Child(ren)
☐ Employee and Spouse/Domestic Partner
☐ Family

Section III: Eligible Dependents and Coverage Elections

Social Security Number	Name (Last, First, MI)	Gender	DOB	Relationship	Z Number (if applicable)

Terms and Conditions

By signing this form, I agree to the following Terms and Conditions : The Benefits Office reserves the right to request additional enrollment information, including but not limited to birth certificates, tax documentation, social security numbers, and any other information deemed necessary. The Benefits Office also reserves the right to cancel coverage for ineligible dependents in cases where enrollment is contrary to the LANS Health and Welfare Benefits Plan for Active Employees. It is my responsibility to verify my enrollment is correct, and any incorrect or missing enrollments must be identified to the Benefits Office in writing as soon as possible after discovery. I understand that by not completing this form completely or failing to include the necessary documentation may result in a delay in receiving benefit coverage.

Signature

Date